

Notice to all State and Federal Officers, Employees, and Agents.

Please be advised: [Full True name] has investigated the matter and has neither seen nor been presented with any evidence, nor is he seized of knowledge of any material fact, that demonstrates that [Full True Name] or any derivative or variation in the spelling of said proper name, such as [FULL T NAME], is:

- a citizen or resident of the *State of [Union-state], United States*, or any political subdivision of the *United States*, as the terms “State” and “United States” are defined in any body of state/State/Federal law;
- a *person, individual*, or member of the class defined as *Federal personnel*, as the terms “person,” “individual,” and “Federal personnel” are defined in any body of state/State/Federal law; or
- the holder of a Social Security franchise, account, or number,

and believes that none exists.¹

Please be further advised: As one without the scope of the laws of the *State of [Union-state]* and *United States*, as the terms “State” and “United States” are defined in any body of state/State/Federal law, [Full True Name] enjoys all rights and remedies in due course of law against officers, employees, and agents of the *State of [Union-state]* or *United States* who, in discharge of discretionless ministerial duties, commit without authority, contrary to their duty, and in violation of the due process of the Constitution or laws of the United States or State of [Union-state], positive acts of trespass for which they are personally liable.

Please be further advised: This *Notice to all State and Federal Officers, Employees, and Agents* and its contents are binding on every principal and agent and shall be entered in evidence in any civil or criminal proceeding that may arise in connection with the subject matter set forth herein.

Please understand the extreme seriousness of this matter and conduct yourself accordingly.

Thank you for your kind attention.

Signed/subscribed and sworn to upon penalty of perjury under the civil and penal codes of [Union-state] this [sequential (numerically)] day of [Month] 20[year], in [County name] County, [Union-state].

[*Full True Name* (signed)]
[Full True Name (printed)]

Date _____ Witness: [Name of witness (printed)]

Date _____ Witness: [Name of witness (printed)]

Date _____ Witness: [Name of witness (printed)]

¹Conclusive evidence of these facts available from [Full True Name] upon request.